

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/591357

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1					
2						
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27						
28			1			
29			2			
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36			1			
37			2			
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47						
48			2			
49			2			
50			1			
TOTAL IND.			1			
TOTAL DEP.			35			
TOTAL CLAIMS			36			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	51				1	
52					2	
53					2	
54					1	
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						